

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1				1	
2		1				1
3		1				1
4		1				1
5		1				1
6	1				1	
7		1				1
8		1				1
9		1				
10		1				1
11		1				1
12		1				1
13	12				12	
14	12				12	
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TOTAL IND.

96

TOTAL DEP.

93

TOTAL CLAIMS

2  
93  
95

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

2  
93  
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